

Debra Saliba Q&A



Debra Saliba, MD, MPH, received her medical degree and completed residency training at the University of Alabama School of Medicine. Moving to Los Angeles and UCLA, she completed VA-UCLA fellowships in health services research and geriatric medicine. During this time she also earned an MPH in epidemiology from the UCLA School of Public Health. Dr. Saliba is currently assistant professor in the school of medicine/geriatrics, and a consultant with the RAND Health Program, part of the RAND Corporation.

Q: What influenced your interest in geriatrics and quality of care for the older population?

A: After my residency, I joined a clinical faculty in general medicine. As my practice grew, I came to realize that although most care providers intended to deliver the best care, they were too often unable

to access — or sometimes were simply unaware of — the full range of quality services their patients needed. This was particularly true for elderly patients with chronic disease and functional disability. As I worked with patients and their families, I became keenly aware of the need for better and more integrated long-term-care services.

Q: What projects did you work on during your UCLA fellowships?

A: I undertook a research project that developed and tested reproducible methods for assessing the appropriateness of transfers from nursing homes to hospitals. This is a key transition in long-term care since almost 40% of nursing home discharges are to the hospital. The study found that 45% of the hospitalizations were inappropriate. The resident could have been safely cared for at a lower and less disruptive level of care by remaining in the nursing home.

Talk a bit about your research interests and most recent projects.

A: The quality of institutional long-term care is a subject of national concern. Much of my research has focused on the quality of care in nursing homes. Since finishing my fellowship research, I have been involved in several interrelated research projects that focus on at-risk elders and long-term care.

One project, working with researchers at RAND, UCLA, and the VA, focused on developing a method for screening large groups of people to identify elders at risk for adverse health outcomes. We used data from the Medicare Current Beneficiary Survey to create a rapid survey-based system, the Vulnerable Elders 13 Item Survey (VES-13), for identifying elders at increased risk for death and decline. The findings are published in

the December 2001 *Journal of the American Geriatrics Society* (“The Vulnerable Elders Survey: A Tool for Identifying Vulnerable Older People in the Community.”)

I’m also co-principal investigator on a project funded by the California Health-Care Foundation, developing a Web site consumers can use to obtain information about nursing homes and outcomes experienced by residents. Our project is using some of the nursing home quality measures we developed to determine whether measures that nursing homes are required to report provide a fair picture of nursing home care.

Q: You’ve recently received a three-year career development award from the VA. What role does this play in your research career?

A: This award provides protected time to advance my research agenda in long-term care. This includes a focus on nursing home to hospital transfers — a key factor in evaluating and improving nursing home quality. This research will draw on the expertise and mentoring resources of the VA/RAND/UCLA Center for the Study of Health Care Provider Behavior and the GRECC. A key research objective is to identify specific barriers to reducing unnecessary transfers. Appropriate use of hospitalization is critical to reducing suffering and improving the well being among nursing home residents. Understanding this common and important event will allow us to develop tools for providers designed to uncover quality problems in their own facilities and health systems, enabling them to use integrate resources more effectively.

Director's Column

MPGMG Director David B. Reuben, MD

The events beginning September 11, 2001 have affected us all. Here at the UCLA MPGMG, we grieve for the victims and feel extremely fortunate that none of our faculty, staff, or their family members were among those lost. Nevertheless, the attacks and subsequent repercussions continue to have a profound influence upon our lives and our work.

I personally was on the inpatient service at the time. With the three-hour time difference, all of the events were over by the time I began rounds. As I arrived, one of the residents, who had pre-rounded, said in a stunned sense of despair, "Why don't we all just go home?" My response was "Come on, let's take care of patients." Indeed, we were powerless to change events 3000 miles away but we could make a difference by doing the best job of what we are supposed to do. That's sort of how life has been around here, our faculty and staff doing what needs to be done, perhaps with a bit of extra effort because these are times of crisis. Many have been generous with financial and emotional support to those who were more directly affected by the tragedies. We all live with a sense of sorrow and apprehension. Our lives have been changed forever by these events.

Coincidentally, our Intensive Course in Geriatric Medicine and Board Review was scheduled to begin on September 12, and many participants had already arrived at the time of the attacks. We had to make a spot decision whether to continue or cancel the course. Despite the cancellation of approximately one-half of the participants and the inability of several of the faculty to attend, we decided to proceed with the course. In retrospect, it was the right decision. Although many

faculty and attendees felt that they could not meaningfully participate, others appreciated the ability to be distracted from the horror that continuously filled the airwaves. A sense of community developed among the participants who were serendipitously united by overwhelming and tragic circumstances.

Prior to these terrible attacks, I had planned to focus this column on the very good fortune we have continued to experience within the UCLA MPGMG. Our National Institute on Aging Claude D. Pepper Older Americans Independence Center was renewed this past summer, which will support four new research studies, pilots and career development awards, and two cores focused on cost-effectiveness analyses and data management. The latter core is new and represents collaboration between the UCLA and Yale Pepper Centers. Moreover, the technology and methods developed through this core will be a valuable resource for geriatrics and gerontology research throughout the campus. A second major renewal was the California Geriatric Education Center funded by the Bureau of Health Professions, which will support geriatric training of health professionals throughout the state.

Several grants from the Association of American Medical Colleges, the John A. Hartford Foundation, and the Fund to Improve Post-Secondary Education, as well as the Academic Geriatric Resource Program, have led to a major reorganization of our undergraduate medical student curriculum to incorporate a greatly enhanced geriatric component. In addition to added geriatrics content and creating innovative medical education materials, this reorganization has been

characterized by geriatrics faculty assuming major roles in required courses. We have also initiated a separate initiative, funded by the John A. Hartford Foundation, to increase geriatrics content in the general surgery residency program and have been exceptionally pleased with the enthusiasm of the surgical residents and faculty. Finally, we have been actively disseminating the materials and curriculum used in training medical and family practice residents at UCLA Medical Center to affiliated training programs within the UCLA network. Similarly, our Department of Veterans Affairs Geriatrics Research, Education, and Clinical Center (GRECC) has been reaching out to other VA Medical Centers within the VISN to help further develop their geriatrics programs.

Clinical programs in geriatrics at UCLA continue to grow and at the Center for the Health Sciences, where our faculty and fellows handled over 10,000 visits in our ambulatory practice last year. We have had a growing presence in community-based nursing homes and have initiated a home visit program for homebound frail older persons. With the addition of new faculty with interests in end-of-life and palliative care, new clinical and educational programs are being planned.

So on a Saturday morning in late October 2001, I am taking stock of our accomplishments and writing a column that may be overshadowed by ongoing world events by the time it is distributed in mid-November. Despite our enthusiasm for the new and continuing UCLA MPGMG programs, we can only hope for the day when this cloud of sorrow and fear will be lifted.

18th Annual Geriatric Intensive Course and Board Review

UCLA's Annual Intensive Course in Geriatric Medicine and Board Review was scheduled to take place this year on September 12-15. Many course participants were already gathered at the conference site hotel on September 11 for pre-conference meetings and to complete preparations for the meeting. At the same time, September 11 was the scheduled travel and arrival day for many other conference participants.

Dr. Cathy Alessi, course director, describes the week: "The Intensive Course began right after the terrorist attacks of September 11. It was a difficult time for all of us. But the course went very well under the circumstances and the participants who were able to make it there were very appreciative of being able to attend the course. Everyone really pulled together, including the staff, participants, and speakers."

"We especially appreciated the tremendous help of UCLA faculty Drs. Steve Castle, Larry Rubenstein, Greg Cole, Gary Small, Carolyn Crandall and others;



Cathy Alessi, MD, course director (right), and Joe Ouslander, MD, of Emory University, former UCLA geriatrics faculty member

and Ron Finley, BS Pharm, RPh, from UCSF, who all pulled together for us at the last minute and filled in for scheduled out-of-town lecturers who couldn't make it to Los Angeles due to cancelled air travel. All of the faculty and staff at the course were truly remarkable."

Workshops, review and plenary sessions took place as scheduled, intertwined with conversations, questions, and sharing of information about the events of September 11. Participants expressed thanks for the opportunity to focus, at least temporarily, on familiar terrain.

Geriatric Social Work Education Consortium Enters Second Year

Building on its notable success in its first year implementing an innovative geriatric social work field-training model, the Southern California Geriatric Social Work Education Consortium (GSWEC) now heads into the program's second year. Through the department of social welfare, JoAnn Damron-Rodriguez, PhD, co-directs the project with June Simmons, LCSW, of the community-based organization Partners in Care Foundation. They coordinate over sixty consortium members from over twenty aging organizations. In a unique partnership, Elizabeth Heck, LCSW, has joined the department of social welfare as a UCLA/GSWEC field instruction coordinator with the Los Angeles VA Geriatric Research Education and Clinical Center.

Support for this program is provided by the John A. Hartford and Archstone Foundations.

Gerontology Undergraduate Education at UCLA Comes of Age



How many times will human cells divide before reaching their limit? If fewer numbers of people are "old" in *developing* countries, why, then, is the rate of adults over 65 years increasing faster than in

developed countries? What is "Generation Y?" Those are just a few of the questions asked by freshmen in their first quarter at UCLA this fall in a new course, "Frontiers in Human Aging: Biomedical, Social and Policy Perspectives." One of 7 general education "clusters," this interdisciplinary, team-taught course is part of an innovative approach to undergraduate education pioneered at UCLA.

The gerontology course is specifically designed to introduce entering freshman to aging and demonstrate how different disciplines — biology, sociology, psychology and public policy — working together can address a common problem. UCLA faculty JoAnn Damron-Rodriguez, LCSW, PhD, department of social wel-

fare, Rita B. Effros, PhD, department of pathology and laboratory medicine, and Lené Levy-Storms, PhD, school of medicine/geriatrics, developed the course over a two-year period, thanks to funding from the Hewlett Foundation, the UCLA MPGGMG and the UCLA Center on Aging. The faculty's vision is to expose these select UCLA freshmen to a wide spectrum of gerontology-related topics and, perhaps, attract some of the brightest and creative young adults into careers in aging.

In addition to a life course perspective, students have learned about two other major frameworks used to approach the study of human aging, including the *Continued on page 6.*

National Institute on Aging Renews UCLA Claude D. Pepper Older Americans Independence Center

The UCLA Older Americans Independence Center (OAIC) recently began its third five-year grant cycle with the awarding of a renewal grant from the National Institute on Aging. Co-directed by David Reuben, MD, and John Schnelle, PhD, the 4 OAIC research projects for 2001-2006 are:

- **Interventional Study 1:** Feeding Assistance Interventions in Nursing Homes: Staffing and Outcomes
Principal Investigator: John Schnelle, PhD
- **Interventional Development Study 1:** Multidimensional Intervention for Vision-Impaired Elders
Principal Investigator: Anne Coleman, MD, PhD
- **Interventional Development Study 2:** A Diabetes Self-care Program for Older African-Americans
Principal Investigator: Carol Mangione, MD
- **Interventional Development Study 3:** The Effects of Lipid Oxidation Products on Bone Metabolism
Principal Investigator: Farhad Parhami, PhD

Supporting the research projects are the 4 Cores of the UCLA OAIC. The **Research Development Core** provides support for junior faculty and research associates through career development awards, pilot research projects, and formal research training. The **Cost Effectiveness Core**, based at the RAND Corporation's Health Program, provides expertise on measurement of health effects and patient adherence; estimation of health care expenditures, including models of nursing home staffing; cost-effectiveness analyses; and general statistical and analysis advice. Joining the UCLA OAIC is the **Data Management Core**, led by Teresa Seeman, PhD, and Gail Greendale, MD. The Core provides data collection and management services to all OAIC projects, serving as a centralized resource for all OAIC researchers.

They consult and advise investigators on study design, data collection tools, tracking systems to monitor subject recruitment, and other research support services. The **Leadership Core** provides administrative oversight and management for the entire Center.

OAIC Research Results

Linking High Cholesterol and Osteoporosis

There is a growing body of research linking similarities between heart disease and osteoporosis. A significant contribution to this knowledge is the research led by OAIC principal investigator Farhad Parhami, PhD, looking at the role hyperlipidemia (elevated lipids in the blood) may play in the development of osteoporosis, the cause of more than one million fractures annually.

Parhami's most recent findings stem from a seven month study comparing normolipidemic with hyperlipidemic mice in which hyperlipidemia was induced by a high fat atherogenic diet. Researchers studied the effects of hyperlipidemia on bone mineral density and mineral content. And, in fact, the hyperlipidemic mice had significantly lower bone mineral content and mineral density at the end of the seven months. The paper describing these findings, "Atherogenic High-Fat Diet Reduces Bone Mineralization in Mice," appeared in the *Journal of Bone and Mineral Research*, 16(1), 182-188, 2001.

Earlier studies led by Parhami had already found that hypercholesterolemia mice had fewer bone-forming cells than normolipidemic mice. "Until very recently, cholesterol was not considered important in bone health," said Parhami. "This research points to the importance of a two-pronged approach to preventing and treating osteoporosis, targeting both bone building cells as well as the cells that disintegrate bone."

According to Parhami, "Just as cholesterol plays an important role in the initiation and progression of atherosclerosis, it may also play an important role in decreased bone formation with aging."

Parhami is building on this research during the next UCLA OAIC grant cycle with an Interventional Development Study, "The Effects of Lipid Oxidation Products on Bone Metabolism." Parhami is a past recipient of a career development award from the UCLA Claude D. Pepper Older Americans Independence Center and a fellow of the American Heart Association.

Identifying Nursing Home Residents Capable of Accurately Describing Quality of Daily Care

While federal nursing home (NH) survey procedures require that a sample of NH residents be interviewed about the quality of their daily care, an objective definition of "interviewable" residents is not provided. This lack of an objective definition has resulted in the exclusion of unknown numbers of residents from interviews during the survey process to evaluate NH care quality.

This research project aimed to develop a method of identifying incontinent NH residents capable of providing accurate interview information about daily NH care. Led by OAIC career development award recipient and principal investigator Sandra Simmons, PhD, researchers selected 177 incontinent residents from four NH facilities. Incontinent residents were targeted because they represent the majority of a typical community NH population. Selected Minimum Data Set (MDS) ratings were compared with two standardized, performance-based cognitive screening instruments to predict which residents could accurately answer questions about the daily incontinence and mobility care they receive.

Researchers found that MDS ratings of activity of daily living performance and

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California Geriatric Education Center Awarded Renewal Grant from Bureau of Health Professions

The California Geriatric Education Center (CGEC), led by Director Janet C. Frank, DrPH, has been funded for a five-year renewal grant period (2001-2006) from the Bureau of Health Professions of the Health Resources and Services Administration in the U.S. Department of Health and Human Services. Established in 1987, the CGEC combines the resources of the Los Angeles, Davis, and San Francisco campuses of the University of California, California State University at Fresno, and the Charles R. Drew University of Medicine and Science. The five participating campuses, each with education, training and research programs in aging and 14 health professional schools among them, have combined their joint efforts as the CGEC under the leadership of the University of California, Los Angeles. Training activities are statewide and include sites serving rural communities and health professional shortage areas. The CGEC also aims to increase the diversity and distribution of the health profession workforce. CGEC programs give those who are responsible for education and training throughout California and other states the tools to develop and implement aging-related instruction at their home institutions and agencies.

“Advances in Primary Care Management of Alzheimer’s Disease and Related Dementias”

On February 3-5, 2002, the Hawaiian island of Maui is the site for this collaboration of the CGEC, the American Society of Consultant Pharmacists, and the University of Hawaii. This conference is intended to provide primary care physicians, nurse practitioners, pharmacists, and physician assistants with the most current information on dementia assessment, differential diagnosis, pharmaceutical and behavioral treatment of cognitive and behavioral symptoms associated with Alzheimer’s disease (AD) and other forms of dementia. The problem-based learning format provides opportunities to apply this new information to patient

care scenarios. Conference materials include the newly revised (2001) AD primary care management guidelines report, which reviews over 275 articles published since 1998. Complementing the revised primary care management guidelines is the release of consumer education booklets based in part on the AD Guidelines report. “Working with Your Doctor when You Suspect Memory Problems,” available in English and Spanish, highlights consumer information and referrals designed to support AD patients and caregivers.

Kids Into Health Careers

To address the issue of “pipelining” more underrepresented minority students into college and ultimately graduate schools in the health and human services, the CGEC recently initiated a pilot project in collaboration with career counseling representatives at Leuzinger High School, located in the Lawndale area of Los Angeles.

On June 4, the CGEC hosted nearly thirty students from Leuzinger High School for a health professions career education day at UCLA. The students were very enthusiastic about the first stop, the UCLA School of Medicine’s Instructional Media Facility, sampling medical student Web-based education programs. Next up was a visit with a UCLA pathologist, and the students were just as excited to see and touch real human organs. This visit to the pathology lab was voted most “cool” of the days’ activities. They moved on to meet with a geriatric social work in-residence faculty member to talk about career choices in social services. The visit ended on a very positive note of encouragement when several current UCLA students from the Leuzinger neighborhood shared inspiring accounts of the barriers and challenges they’ve encountered, how they’ve persevered, and what motivates them to achieve their goals.



Teacher Susan Haynes-Burton (left) and students from Leuzinger High School visit UCLA for “Career Education Day”

National Institute on Aging

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cognition significantly predicted residents’ ability to accurately describe daily care practices. Moreover, performance-based measures of cognitive functioning did not outperform the MDS ratings.

Based on these findings, the most time-efficient and simple approach to identifying incontinent NH residents capable of accurately describing the care they receive is to use existing MDS information (the MDS Recall scale), which is available for all NH residents. The primary value of accurately identifying residents lies in the quality assurance arena. Used in conjunction with other approaches (i.e. chart review), this screening method will aid researchers, clinicians, and others responsible for interview quality assurance strategies for the NH setting.

“The Identification of Residents Capable of Accurately Describing Daily Care: Implications for Evaluating Nursing Home Quality” appeared in *The Gerontologist*, 41(5), 605-611, 2001.

California Healthcare Foundation Program for Elders in Managed Care

Annual Meeting Convenes in San Francisco

Following the inaugural meeting in Los Angeles in 2000, the California Healthcare Foundation Program for Elders in Managed Care Annual Meeting moved north to San Francisco for this year's conference. The Bay City's Union Square was the location for the second Annual Meeting June 7-8. The highlight of the brisk day-and-a-half schedule was the keynote address by Ed Wagner, MD, MPH, director of the MacColl Institute for Healthcare Innovation Group Health Cooperative, "Effecting Change in Health Care Systems." Wagner talked about a current MacColl Institute project that is part of a national program of the Robert Wood Johnson Foundation, "Designing Practice for Chronically Ill Patients: The Chronic Care Model." The audience was reminded of the woeful state of chronic illness care in the United States by some sobering statistics Wagner shared:

- Only 18 percent of Americans with hypertension are receiving treatment and have the condition under control.
- Only 25 percent of Americans with depression are appropriately treated.
- Nearly half of the American population with diabetes — 40 percent — has inadequate glucose (blood sugar) control.

In the effort to reduce these figures and improve the general state of chronic care in the United States, Wagner offered several important points to keep in mind:

- The current care systems cannot do the job.
- Trying harder will not work.
- Changing care delivery systems will work.
- Essential elements of good chronic illness care must include productive interactions between informed, activated, and involved patients and a prepared health care practice team.

Related Activities

A unique feature of the PEMC initiative are the "Related Activities" projects, which support the Program's primary mission of advancing and improving care delivery within managed care systems for the elderly. There are currently 3 such projects funded by the PEMC:

Project Impact

Depression affects up to 10% of older adults who visit primary care physicians, decreasing their health-related quality of life, and increasing the frequency and cost of health care services. The principal objective of Project Impact is to evaluate the effectiveness of a collaborative disease management team of mental health professionals working with primary care providers to improve care for these depressed primary care patients. To date, project staff have enrolled about 1700 people aged 60 and over in the study, which is taking place at seven sites across the country, including two California sites supported by the PEMC. Project Impact is also funded by the John A. Hartford Foundation.

Consumer Satisfaction Measurement Project (ConSat)

The use of consumer satisfaction as a measure of quality of care in managed care organizations is increasing among various types of health care providers. However, frail and cognitively impaired elders are often considered unable to report their level of satisfaction. Instead, information provided by family members or patient disenrollment rates are used as indicators of satisfaction. The ConSat project is currently testing two instruments as potential satisfaction indicators for the very frail or cognitively impaired who are enrolled in the Program of All-Inclusive Care for the Elderly (PACE). Data collected from a series of field tests has been analyzed and reviewed by two consultant panels comprised of health care providers, gerontologists, and mea-

surement specialists. Final instruments are scheduled for use that is more widespread in the coming months. ConSat is also supported by the Archstone Foundation.

Improving Care for Older Persons with Diabetes in California Managed Care Plans

Few studies and limited data exist about diabetes in the 65+ population, yet it is one of the most common chronic diseases in the elderly. There are several evidence-based recommendations for the care of persons with diabetes; however, few are specifically targeted toward the needs of older persons. This debilitating condition can lead to more serious health problems, accelerating the physical decline of elders. Project researchers aim to modify existing guidelines to improve their appropriateness by targeting the recommendations for the care of older persons with diabetes in managed care. A multidisciplinary team plans to collaborate with health plan and provider group opinion leaders in quality of care in California to develop a "Geriatric Diabetes Toolkit" of interventions designed to improve quality of care for these patients. Project plans include testing this toolkit in managed care settings.

Gerontology Undergraduate Education

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biopsychosocial and systems perspectives. Students are also exposed to relevant art and literary references, community-based field trips and innovative computer-based exercises. In the spring quarter, they will have the opportunity to explore one area in depth through participation in small-group seminars in diverse topics ranging from "The Aging Brain" to "International Issues in Aging."

Faculty News

CATHY ALESSI, MD, associate professor, and course chair for the 2001 UCLA Intensive Course in Geriatric Medicine and Board Review, has been awarded a VA Health Research and Services Department merit review grant starting January 1, 2002, "Sleep Disturbance and Outcomes of Rehabilitation in the Nursing Home." Co-principal investigators on the three-year study are Professors Larry Rubenstein, MD, and John Schnelle, PhD.

JOSH CHODOSH, MD, is co-principal investigator with Alison Moore, MD, in a newly funded American Geriatrics Society/John A. Hartford Foundation project to increase geriatrics expertise in surgical and related medical specialties. "Geriatrics Education for Specialty Residents Program" partners Drs. Moore and Chodosh with colleagues in general surgery, Clifford Ko, MD (principal investigator), and Darryl Hiyama, MD. Other UCLA project consultants include clinical Professor James Davis, Jr, MD, and emeritus Professor David Solomon, MD.

BRUCE FERRELL, MD, associate professor, recently served as editor of "Pain Management in the Elderly," for the August 2001 issue of *Clinics in Geriatric Medicine*.

JANET FRANK, DRPH, director of the CGEC, has been selected president-elect (2002-2003) of the California Council on Geriatrics and Gerontology (CCGG). The CCGG is a professional association providing leadership in education in order to promote research, policy, and practices that enhance the quality of life of California's diverse older population. Each year, select CCGG members testify before state legislators in Sacramento on gerontology and geriatric education issues.

THEODORE HAHN, MD, professor, has been appointed chair of the VA Geriatrics and Extended Care Executive Council for Southern California and Nevada. The council oversees geriatric and extended care programs for the 284,000 registered patients in the seven major VA medical centers in this area. The council also works to enhance geriatric and long-term care research and education programs in the region.

ALISON MOORE, MD, assistant professor, has been named chair of a new advisory group for the "AFAR Medical Student Geriatric Scholars," a national program funded by the John A. Hartford Foundation.

The World Health Organization (WHO) Kobe Centre for Health Development (WKC) recently sponsored an invitation-al international meeting to promote community-based eldercare in less developed countries. Department of social welfare faculty **JOANN DAMRON-RODRIGUEZ, PHD**, associate professor, and **JAMES LUBBEN, PHD**, professor, produced a WKC-commissioned paper that launched the community-based care initiative. The monograph is available at the WHO website:

<http://www.who.or.jp/ageing/index.html>. This report also served as the basis of a follow-up meeting in Bangkok, Thailand in July 2001, attended by representatives from large urban areas in more than 15 countries.

SANDRA SIMMONS, PHD, assistant professor and former career development award recipient from the UCLA Claude D. Pepper Older Americans Independence Center, has been awarded funding for a NIA KO1 grant, "Staffing Costs and Behavioral Nutritional Interventions."

MPGMG Faculty and Staff Transitions

SUSAN CHARETTE, MD, joins the MPGMG faculty as assistant clinical professor, continuing her decade-long association with UCLA. Dr. Charette received her MD from the UCLA School of Medicine. During this time, she was a scholar in the Hartford/AFAR & Gleitsman Medical Student Geriatric Scholars Program. She continued her training at UCLA in the internal medicine internship and residency programs, and was named chief resident. She is also a graduate of the VA-UCLA Geriatric Medicine Fellowship.

PERRY HU, MD, PHD, has been appointed to the MPGMG faculty as clinical instructor. His background includes

completing both the VA-UCLA Geriatric Medicine Fellowship and the Hartford/AFAR Academic Geriatrics Fellowship Program, as well as earning a PhD from the UCLA School of Public Health in epidemiology. Hu recently received a career development award from the UCLA Claude D. Pepper Older Americans Independence Center. Dr. Hu's research focus is on the predictive values of biomarkers in the elderly, including serum uric acid and cholesterol levels.

MEI-HUA HUANG, DRPH, MPH, has joined the MPGMG as assistant researcher, working with Gail Greendale, MD, and Teresa Seeman, PhD, on several

research projects. Dr. Huang's background is in public health research.

PAMELA JACKSON-McCALL has been appointed deputy director of the Program for Elders in Managed Care Program Office, succeeding **MISTY NITTA YEE**. Pam has been a member of the program office staff since its formation in 1999, coordinating PEMC activities, including grantee site visits and both PEMC Annual Meetings. Congratulations to Pam and best wishes to Misty as she returns to her birthplace and childhood home in Hawaii.

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2002 Conference Calendar

Information: (310) 312-0531

February 3-5

**Advances in Primary Care
Management of Alzheimer's Disease
and Related Dementias**

Maui, Hawaii

February 8-10

BION 2002 CONFERENCE

**Application of Bion's Psychoanalytic
Ideas to Clinical Experience**

Los Angeles, CA

August 23-23

**6th Annual Controversies in
Women's Health**

Disneyland Hotel
Anaheim, CA

September 25-28

**19th Annual UCLA Intensive Course
in Geriatric Medicine and Board
Review**

Marina Beach Marriott Hotel
Marina del Rey, CA

MPGGMG Transitions

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BRIAN MANNING has joined the MPGGMG staff as administrative assistant, coordinating activities for several grants and programs, including the Program for Elders in Managed Care and the Academic Geriatric Resource Center. Before joining UCLA, Brian was a budget analyst in the department of sponsored projects accounting at the University of Southern California.

LIBBY SHIN has joined the MPGGMG staff as fellowship coordinator for the VA-UCLA Geriatric Medicine Fellowship program. Recently relocated from Miami, she formerly worked for Johnson & Johnson on education development projects.

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